

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

ADVOCACY RESOURCES

In Michigan, there is a growing team of tobacco control advocates working to counteract the influence of tobacco lobbyists. Central to these efforts is the Tobacco-Free Michigan Action Coalition (TFMAC), with nearly 60 organizations who have joined together to reduce tobacco use among Michigan residents. TFMAC is the statewide coalition for ASSIST.

An important strength of TFMAC is that it has tapped into the advocacy resources of many large organizations which might not otherwise intervene in tobacco issues. Through membership in TFMAC, influential organizations such as the Michigan Association of Counties, the Michigan Association of School Boards, and the Michigan Pharmacists Association have added their voices to the call for strong tobacco control measures in the Michigan legislature.

Michigan is fortunate to have voluntary health agencies with an active commitment to tobacco control advocacy. In addition to individual efforts toward stronger tobacco policies, the American Lung Association of Michigan, the American Heart Association of Michigan, and the American Cancer Society, Michigan Division, team up as the Michigan Coalition on Smoking OR Health to amplify their impact. In 1991, this coalition pooled its resources to hire a lobbyist who carries the tobacco control message through formal lobbying channels. The lobbyist is a former director of the Michigan Department of Public Health and is well-known as an advocate for strong health policy. RA1

To encourage tobacco control policy activity on the local level, the Michigan Department of Public Health established a grant program in 1987 that supports the development of broad-based community coalitions to reduce the use of tobacco. Eleven coalitions are currently funded through the Department. It is encouraging that tobacco control coalitions also have formed spontaneously without the intervention of the Department, with at least three non-funded coalitions currently active. Combined with local coalitions formed for ASSIST, a total of 21 community coalitions are working on tobacco control activities. This network of local coalitions is central to the "grassroots" component of advocacy efforts.

Michigan is also fortunate to have the energy and efforts of Alberta Tinsley-Williams and the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT) working against tobacco advertising in the Detroit area. Ms. Tinsley-Williams is a nationally known advocate for the elimination of tobacco and alcohol billboards in inner city communities. Through CABAAT, community groups in the Detroit area are being sensitized to the misleading advertising practices of tobacco companies.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

As mentioned above, the strongest advocate for tobacco control advocacy in Genesee County is the Smoke-free Multi-Agency Resource Team (SMART). The SMART Coalition is a county-wide tobacco reduction coalition made up of health and human service agencies, businesses, and individuals concerned with tobacco use. The coalition also supports legislative advocacy efforts through membership in TFMAC. SMART is the ASSIST coalition in Genesee County.

Allies in tobacco control in Genesee County include Sheriff Joe Wilson and the Mt. Morris Police (as mentioned above), Grand Blanc High School's Students Against Smoking program, and the local chapters of the American Cancer Society and the American Lung Association.

In the Upper Peninsula, several tobacco control coalitions have been active in the past and these will add experience to the network of 11 coalitions formed for the ASSIST Project. The coalitions are and will be the strongest advocates for tobacco control policies in the Upper Peninsula. Each coalition is currently identifying allies to add to the coalitions' effort to control tobacco.

In Detroit to date, CABAAT and the Detroit City Council have been the strongest advocates for tobacco control policy. The Detroit Project ASSIST Coalition, in its early stages, will build on those efforts.

MEDIA

Newspapers

Michigan residents are served by 387 newspapers. Of these, 54 are dailies, 322 are produced weekly or several times a week, and the balance appear less often. Included among these are community newspapers, shopping guides, newspapers serving special groups, and college and university papers.¹⁹ Newspapers in Michigan can be represented as a group; and receive member services, through membership in the Michigan Press Association.

The Detroit News and *The Detroit Free Press*, although Detroit-based, serve as statewide newspapers in Michigan and are readily available throughout the state. The combined daily circulations of these papers is more than 1,300,000. The papers have united under a joint operating agreement in which they share some administrative functions. Under the agreement, the two corporations produce joint editions on Saturday and Sunday. *The Detroit News* is commonly perceived as the more conservative of the two papers, while

**Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis**

The Detroit Free Press is seen as more liberal in its editorial policies. *Detroit Free Press* editorials have frequently supported tobacco control activities, including an increased tobacco excise tax.

The major newspaper in Genesee County is *The Flint Journal*, a daily newspaper with a circulation of more than 110,000. In addition, weekly or semi-weekly newspapers serve the communities of Burton, Clio, Davison, Durand, Fenton, Flint Township, Flushing, Grand Blanc, and Mt. Morris. Mott Community College and the University of Michigan-Flint have campus newspapers.²⁰

The Flint Journal is supportive of printing tobacco-related articles, both national and local. Recently, they have been particularly attentive to legislative initiatives. They are generally supportive of tobacco restriction, with objections generally couched in terms of individual rights or infringement on business. Editorials have generally been supportive and letters to the editor portray both sides of the tobacco issue. A *Journal* editor, Tom Lindley, sits on the Board of Directors of the American Lung Association of Genesee Valley.

Due to its large geographic area and widely dispersed population centers, many newspapers are published in the Upper Peninsula. Daily newspapers can be found in Escanaba, Houghton, Iron Mountain, Ironwood, Marquette, Menominee, and Sault Ste. Marie. Throughout the rest of the Upper Peninsula, 15 weeklies serve various communities. Northern Michigan University (Marquette) and Michigan Technological University (Houghton) have campus newspapers.²¹

In addition to the two major Detroit papers, four local areas--New Center, downtown Detroit, northeast Detroit, and Hamtramck--have weekly newspapers that focus on items of interest to residents of those areas. Although most of the surrounding suburbs have weekly newspapers that serve those communities, residents of Detroit would seldom refer to these papers for news or other information.

Fifteen specialized newspapers are produced in Detroit, some of which would be of particular interest to priority populations or be available through ASSIST channels. Detroit's African American community is served by *The Michigan Chronicle*, a weekly newspaper with a circulation of nearly 25,000. This paper has been published since 1936. Also targeted toward the African American community is *Michigan Citizen*, produced in Highland Park.

Television

Fifty one television stations are licensed to operate in the state of Michigan. Of these, 10 are independent stations not affiliated with the major networks. Public television stations

**Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis**

are found in most major cities in the state.²² In addition, the state of Michigan is served by 207 cable television companies.²³

Genesee County is served by TV channels 5, 12, 25, and 66. All of the TV stations are supportive of health issues, and consistently report on any new tobacco news. Channel 12's "Newsmaker" is a news talk show which has discussed the tobacco issue, most recently in relation to Genesee County's alarming chronic disease rates and the benefits of the tobacco tax. Channel 12 has worked with the SMART Coalition on a public service announcement regarding the effects of second-hand smoke. Their Community Relations Director is a former member of the coalition and provides project assistance when possible. Genesee County has more than 160,000 television households. Four cable companies serve Genesee County, with 53 percent of the Flint/Saginaw/Bay City area having cable service.²⁴

Fewer television stations are found in the Upper Peninsula. Some areas, particularly the easternmost section of the U.P., have no local television news available to them. Cable television may be a means of disseminating tobacco control messages in the Upper Peninsula. Seventeen cable stations serve communities in the Upper Peninsula, seven of which are operated by the Bresnan Communications Company. Interestingly, cable penetration in Marquette is more than 70 percent, ranking it 27th among cities in the country.²⁵

The metropolitan Detroit television market is ranked 9th in the country by population. Seven television stations broadcast out of the metropolitan area, one of which is a public station. Two of the seven are independent stations. In addition, residents of Detroit can watch CBET-TV from Windsor, Ontario, Canada. This gives this area access to tobacco reduction messages broadcast through the Canadian media. There are more than 1,714,000 television households in the metropolitan Detroit television market, a large percentage of which are located in the city of Detroit.²⁶

The city of Detroit is served by one cable company, Barden Cable. Cable penetration within the city is approximately 58 percent and continually growing, as an increasing number of Detroit residents become subscribers.²⁷

Radio

According to the 1990 *Broadcasting Yearbook*, Michigan has 379 radio stations, including 147 AM stations and 232 FM stations. Of these, 319 are commercial stations and 60 are non-commercial. Stations with formats that could be particularly helpful in reaching ASSIST tobacco intervention targets might include 14 talk stations, 9 educational stations, 5 stations with a Black format, 2 stations with foreign/ethnic programming, and 2 public affairs stations.²⁸ The Michigan Association of Broadcasters is a voluntary association that represents the interests of radio and television stations in the state.

**Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis**

Radio stations WCRZ, WIOG, WWCK, WKCQ, and WDZZ are a few of the stations that reach a variety of audiences in Genesee County. None are especially supportive of tobacco issues, although country music station WKCQ consistently reports on news releases sent by the SMART Coalition. Tobacco prevention public service announcements have been aired on several of the stations. The stations most frequently listened to by teens often favor shock value in the content of the shows and in the events they sponsor. Experiences discussed by some who have dealt with them are marginal to negative because of difficulty dealing with the stations' DJs. Stations serving primarily the Black community and the general adult population would likely work with the ASSIST Project because they have consistently demonstrated a commitment to the community.

Several radio stations serve the Upper Peninsula, mostly with formats that offer adult contemporary, country, or oldies music.²⁹

Among the intervention regions, Detroit leads in the number of radio stations available to residents of the metropolitan area. Twenty four stations air from Detroit, while the total including the near suburbs is forty five. According to ARBITRON market definitions, metropolitan Detroit is the 6th largest radio market in the United States. Detroit residents can also tune in to at least two Canadian radio stations from Windsor, Ontario. Several stations in the Detroit area target their programming to African American audiences.³⁰

Outdoor

Eight outdoor advertising companies provide billboard and sign space for advertising messages in Michigan. The largest of these companies--Adams Outdoor Co., Dingeman Advertising, Inc., and Gannett Outdoor Co.--dominate the field. Others, such as Patrick Media Group, Inc., Rich Outdoor Advertising Co., 3-M National Advertising Co., and Universal Outdoor, Inc., have fewer locations to offer. Most of the larger companies serve Detroit and Genesee County. Only Dingeman Advertising offers outdoor advertising space in the Upper Peninsula.³¹ American Outdoor Advertising is a new company based in Genesee County that accepts no tobacco or alcohol advertising.

The SMART coalition has identified bus advertising and billboards as two other means through which Genesee County residents receive tobacco or anti-tobacco messages.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

COALITION PROCESS

Little coalition input was solicited for this section of the site analysis since it was mostly factual in nature. The exception was demographic data for the Native American and Arab communities, which were verified by representatives of those communities. Coalition members were given a draft copy of this section for review and comment.

At TFMAC's March meeting, the ASSIST slide show was presented and the coalition was asked to revise its operating rules to reflect its role as the statewide coalition for the Michigan ASSIST Project. During the ensuing discussion, the following concerns were expressed by coalition members:

Possible weakening of TFMAC's legislative capacity due to ASSIST prohibitions on lobbying.

* Possibility of TFMAC's agenda being subsumed to ASSIST's needs.

* Threat of Freedom of Information Act being used to expose TFMAC's strategies.

* Possible need to make ASSIST coalition meetings a separate event from TFMAC meetings.

The coalition voted to form an ad hoc committee to look at these issues. In addition, these concerns were addressed in a letter from the TFMAC co-chairs to the coalition and in a second discussion at TFMAC's May meeting. At that time, the coalition quickly voted to approve an amendment to its operating rules that detailed TFMAC's role in ASSIST.

The coalition also voted to amend its current mission statement to reflect participation in ASSIST:

The Tobacco-Free Michigan Action Coalition seeks to reduce the prevalence of tobacco use in Michigan by half by the Year 2000. To do this, the coalition will prioritize and implement the recommendations of the 1989 Michigan Tobacco Reduction Task Force, as listed in the report, *Tobacco-Free Michigan 2000*. The coalition's efforts will be enhanced through participation in the ASSIST Project sponsored by the National Cancer Institute and the American Cancer Society.

**Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis**

The coalition is a statewide grassroots advocacy and information network, as well as a link to groups and organizations through which tobacco prevention and cessation programming can be provided.

For Genesee County, this section was largely compiled by the ASSIST Field Coordinator with little direct input from the SMART Coalition. In discussing the site analysis process, however, coalition members expressed concern that the site analysis be conducted correctly. Two coalition members have marketing experience and offered to work with the Field Director more closely on the site analysis, possibly developing strategies to obtain precise information about Genesee County.

The SMART Coalition developed the following mission statement:

The Smoke-free, Multi-Agency Resource Team (SMART) seeks to reduce tobacco use and involuntary exposure to tobacco smoke in Genesee County. This will be accomplished through advocacy, education, and awareness efforts consistent with Tobacco-Free Michigan 2000 and the objectives of ASSIST.

The SMART Coalition is a county-wide advocacy and information network, as well as a link to groups and organizations through which tobacco prevention and cessation programming can be provided.

The Genesee County Field Coordinator reported that the site analysis process was valuable in unearthing a great deal of information about the community. She views this information gathering as a continuously building process.

The coordinators of each of the Upper Peninsula coalitions contributed information for this section of the site analysis. Most of the coalitions are still in the formation process and will develop local mission statements at a later date. As a group, the U.P. tobacco coalition coordinators adopted the following mission statement for the overall Upper Peninsula ASSIST Project:

The U.P. Tobacco Or Health Community Coalitions are committed to promoting and advocating for a tobacco-free lifestyle and environment in Michigan's Upper Peninsula. The Coalitions will empower the community to affect individual and social change through cooperation, sharing and coordination of resources.

The Detroit Project ASSIST Coalition has only recently been formed and did not contribute to this section of the site analysis. The coalition has developed a draft mission statement which will be discussed at the October coalition meeting.

**Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis**

- ¹ United States Department of Commerce, Economics and Statistics Administration, Bureau of Census. 1990 Census of Population and Housing: Summary Population and Housing Characteristics, Michigan.
- ² Michigan Department of Public Health. *Minority Health in Michigan: Closing the Gap*. (Lansing, MI: Michigan Department of Public Health, Center for Health Promotion, Director's Task Force on Minority Health, HP-95, 1988)
- ³ Michigan Department of Public Health. *Minority Health in Michigan: Closing the Gap*.
- ⁴ United States Department of Commerce, 1990 Census of Population and Housing.
- ⁵ United States Department of Commerce, 1990 Census of Population and Housing.
- ⁶ United States Department of Commerce, 1990 Census of Population and Housing.
- ⁷ Wood, Suzanne. "More kids join ranks of poor; Child poverty acute in state," *The Lansing State Journal*, August 12, 1992; and phone communication with the Children's Defense Fund.
- ⁸ Rafferty, A.P., ed., *Health Risk Behaviors: 1990*. (Lansing, MI: Michigan Department of Public Health, February 1992.)
- ⁹ U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Center for General Health Services Intramural Research. *Personal Health Practices: Findings from the Survey of American Indians and Alaska Natives*. AHCPR Pub. No. 91-0034, July 1991.
- ¹⁰ Rice, V.H., Kulwicki, A. "Cigarette Use Among Arab Americans in the Detroit Metropolitan Area," *Public Health Report: The Journal of the U.S. Public Health Service*; In Press.
- ¹¹ Rafferty. *Health Risk Behaviors: 1990*.
- ¹² Mayer, J.M., Thrush, J., Chan, V., and Mills, E.M. *Health Risk Behaviors: 1987*. (Lansing, MI: Michigan Department of Public Health, February 1988.)
- ¹³ Short, William M., M.D. "An Adolescent Health Survey of Ninth and Twelfth Graders in Marquette County, Michigan," Marquette, Michigan, 1987. Unpublished.
- ¹⁴ U.S. Department of Health and Human Services, Centers for Disease Control, Public

**Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis**

Health Service. "Tobacco Use Among High School Students-United States, 1990," *Morbidity and Mortality Weekly Report*; 40(36), September 13, 1991.

¹⁵ U.S. Department of Health and Human Services, Centers for Disease Control, Public Health Service. "Cigarette Smoking Among Youth-United States, 1989," *Morbidity and Mortality Weekly Report*; 40(41), October 18, 1991.

¹⁶ Blum, R. W., Harmon, B., Harris, L., Bergeisen, L., Resnick, M.D. "American Indian-Alaska Native Youth Health," *The Journal of the American Medical Association*; 267(12): 1637-1644, March 25, 1992.

¹⁷ Sales data supplied by the Michigan Department of Treasury, Bureau of Revenue, Motor Fuel, Cigarette and Miscellaneous Taxes Division (Lansing, MI).

¹⁸ Calculations of smoking-attributable mortality in Michigan were made by the Michigan Department of Public Health, Center for Health Promotion and Chronic Disease Prevention, Division of Programs, Tobacco Section, using SAMMEC II (Smoking-Attributable Mortality, Morbidity, and Economic Costs) software available through the U.S. Centers for Disease Control. Original data used in the calculations were supplied by: Michigan Department of Public Health, Office of the State Registrar and Center for Health Statistics (overall mortality data, 1990); Michigan Department of Public Health, Center for Health Promotion and Chronic Disease Prevention Division of Surveillance and Analysis (smoking prevalence data, 1990); and Health Management Associates, Michigan Health System Data Series (health care cost data, projected from 1987).

¹⁹ Michigan Press Association. *Michigan Newspaper Directory for 1990*. Lansing, MI: Michigan Press Association, 1990.

²⁰ Michigan Press Association. *Michigan Newspaper Directory for 1990*.

²¹ Michigan Press Association. *Michigan Newspaper Directory for 1990*.

²² Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*. Washington, D.C.: Broadcasting Publications, Inc., 1990.

²³ Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*.

²⁴ Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*.

²⁵ Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*.

**Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis**

²⁶ "Spotlight on the Top 20 Markets," Advertising Age (Special Advertising Section), August 10, 1992.

²⁷ Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*.

²⁸ Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*.

²⁹ Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*.

³⁰ Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990*.

³¹ Leading National Advertisers, Inc. *Buyers' Guide to Outdoor Advertising*, Vol. 24(2). New York: Leading National Advertisers, Inc., September 1989.

PRIORITY POPULATION ANALYSIS

The overall ASSIST goal is to reduce the Michigan adult smoking prevalence to 17 percent by 1998. Because Michigan's smoking prevalence is higher than all other ASSIST sites, this presents a particular challenge to the Michigan ASSIST Project.

Based upon 1990 BRFS and Census data, there are approximately 1,996,300 adult smokers in Michigan. To determine the number of persons who must be deterred from smoking to reach the 17 percent goal, the dynamics of the system of "current smokers" were explored. A dynamic model was constructed that considered new smokers entering the system, current smokers leaving the system due to quitting, and current smokers leaving the system due to death from smoking-attributable disease or other causes. Although we recognize that the system is also affected by former smokers who return to smoking, we have not yet been able to develop a satisfactory method to calculate this estimate. By failing to take into account recidivism, the model tends to under estimate the magnitude of the task before us.

Smokers Entering the System

It is estimated that 218,000 new Michigan smokers entered the system in 1990. This number was derived by adding the number of 18-year-olds who smoke to the number of individuals who begin to smoke between the ages of 19 and 35. (For purposes of this model, it was assumed that all of those who smoke begin to do so by age 35.)

By applying the prevalence estimate of 30.6 percent from the Teenage Attitudes and Practices Survey (previously cited) to 1990 Michigan census data, it was estimated that approximately 43,800 18-year-olds smoked in 1990. The number of new smokers who entered the system between the ages of 19 and 35 was calculated by using 1990 census data, 1990 BRFS prevalence estimates of never smokers 19 to 35 years of age, and applying smoking initiation rates derived by Escobedo et. al. (1990) from the 1987 National Health Interview Survey to this population.¹ Accordingly, about 174,200 Michigan residents between the ages of 19 and 35 initiated smoking in 1990. Adding these new smokers to the new 18-year old smokers yields an estimate of 218,000 new smokers entering the system each year in Michigan.

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

Smokers Leaving System

We estimated that for 1990, 141,100 Michigan smokers left the system. This number consists of current smokers who quit and current smokers who died from all causes in that year.

Michigan 1990 BRFS data indicated that 6.1% of Michigan smokers quit successfully (one month or more). This means a total of 131,300 quitters were successful for that year. The total number of smokers who died was estimated by applying smoker mortality rate estimates from the American Cancer Society Cancer Prevention Survey II (CPS II)² to 1990 Michigan population data. Using these figures, we estimated approximately 9,800 current Michigan smokers died from any cause in 1990. Thus, estimates of total mortality and quitting among current smokers suggest that about 141,100 smokers left the system in 1990.

Net Change

In total, our model yielded a net gain of nearly 77,000 new Michigan smokers in 1990. That figure would correspond to an increase in smoking prevalence of about 1.1 percent per year in the state. Indeed, this is consistent with Michigan BRFS data from 1988 to 1990 (26.7 to 29.2 percent). However, this trend in increasing prevalence is not statistically significant given the size of the confidence intervals of the above prevalence estimates. It is also possible that there has been no significant change in smoking prevalence over the last three years. Nevertheless, at the least, it appears that Michigan did not experience the gradual decline in smoking prevalence observed on the national level during this period of time. According to this model, 77,000 additional individuals (nonsmokers who are prevented from starting, smokers who quit or, less happily, smokers who die) must leave the system annually just to maintain Michigan's 1990 smoking prevalence of 29.2 percent.

Reaching the ASSIST Goal

Thus, based on our estimates for 1990, a total of 1,875,200 individuals must be deterred from smoking by 1998 to reach the ASSIST goal of 17 percent. This means that for each year of the ASSIST intervention, 375,000 individuals must either quit smoking or be dissuaded from starting. This represents a net annual increase of 243,700 persons leaving the system each year of the intervention phase, or a total of 1,218,700 additional persons, beyond those currently leaving the system, over the life of the project.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Cessation vs. Prevention

The above analysis strongly supports the conclusion that neither cessation strategies nor prevention strategies alone will be sufficient to reach the ASSIST goal.

In evaluating the potential success of a "prevention only" strategy, the efficacy of a 100% prevention program was applied to the target figures. Even if every potential new smoker was prevented from initiating smoking, the project would fall short of its goal by 25,700 persons each year. Even if no one started smoking, 166,800 persons would still need to leave the system annually to reach the goal of 17 percent prevalence by 1998. But only 141,100 individuals currently leave the system each year due to mortality or quitting, thus a "prevention only" strategy would fall short by at least 25,700 persons each year.

A "cessation only" strategy was also evaluated for its potential in meeting project goals. Assuming that the number of current smokers who died in 1990 (9,800) remains relatively constant over the life of the project, nearly 2 million smokers would need to quit to reach the ASSIST goal of 17 percent prevalence. This represents more than a doubling of the current number of successful quitters. Data from the 1990 Michigan BRFS suggest that approximately 40 percent of smokers attempt to quit each year, and slightly more than 15 percent of them are successful (for one month or more). While it is theoretically possible to reach the ASSIST goal by simply increasing the number of quit attempts or the success rate, a "cessation only" approach, in reality, would not achieve the desired goal for the Michigan ASSIST Project.

In summary, the populations chosen for intervention under the ASSIST project must be large enough to affect the behavior of at least 1,218,700 people, and it must include both current and potential smokers. Although prevention has been identified as a high priority for the Michigan ASSIST coalition, as will be noted below, it is obvious that cessation must be given a higher priority in the mix of strategies than the politically more attractive prevention strategies, if Michigan is to reach its ASSIST goal.

An initial discussion of priority populations took place at the April ASSIST Steering Committee meeting. In short, the group determined that virtually all of the priority populations identified by ASSIST were appropriate and necessary targets for ASSIST interventions in Michigan. Only "heavy smokers", comprising 11 percent of smokers in the state, were seen as not warranting special interventions. Rather, the committee recognized that they were included in other priority groups and would benefit from interventions directed at those populations, such as the training of physicians to help smokers to quit.

The Steering Committee identified common themes among many of the priority groups, such as struggle for autonomy and rights, rebellion against authority, powerlessness, and economic pressures. Interventions that take these issues into account may be effective for

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

several groups. Furthermore, they recognized that strategies affecting broad statewide policies would affect all priority groups.

Because Michigan's population is heterogeneous, the Donnelly marketing data were not of help in identifying priority populations for the statewide site. The largest cluster included only 8 percent of smokers and grouping the clusters only marginally improved the data's usefulness. The Donnelly data proved to be considerably more helpful in the intensive intervention regions of Detroit and Genesee County, which have more homogeneous populations.

Specific points of discussion for the priority groups follow. The information below applies to population groups statewide as well as within each of the intervention regions, unless noted.

Youth

The ASSIST Steering Committee feels strongly that prevention should be the first and foremost strategy for the Michigan ASSIST Project. Members believe that keeping individuals from beginning to smoke is easier and preferable to helping them to quit later in life. Studies show that 90 percent of smokers begin before the age of 21 and that persons who become addicted to nicotine at an early age will smoke more cigarettes. Therefore they are at greater risk for tobacco-related disease--and premature death--as adults. Prevention would have the greatest long-term impact on chronic disease. It is estimated that approximately 43,000 new smokers enter the adult smoking population at age 18 each year in Michigan.

The Steering Committee noted that, although children in 90 percent of Michigan schools get K-8 tobacco education through the Michigan Model health curriculum, these traditional education messages may be ineffective with students of middle school age and older. At this age, students become motivated by peer pressure, social status, and advertising messages. Therefore, members felt that a carefully crafted message and the right messenger were of the utmost importance in reaching this group.

Census data show that approximately 10 percent of Michigan residents between the ages of 16 and 19 have not graduated and are not enrolled in high school. Key informants also noted different approaches are needed for students who stay in school vs. those who drop out before completing high school.

Teens who stay in school generally have a more hopeful belief system and a greater understanding that delaying gratification today may have long-term benefits. They are more likely to be from homes where one or both parents are nonsmokers. The factors that

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

encourage them to smoke are largely external, so that laws that decrease access to tobacco for minors may be most effective for this group.

In contrast, teens who don't continue in school generally have lower aspirations for the future and are focused on short-term goals. Straight health information on the long term benefits smoking may not change their behavior, no matter what the source of the message. These youth are more likely to grow up in homes where one or both parents are smokers. The factors that encourage this group to smoke are both internal and external so that anti-smoking messages must address their belief system in order to create behavior change.

Another group that should be given consideration is vocational education students. While they are continuing in school, they often share the less hopeful vision of the future seen in high school drop-outs and are likely to be from families who smoke. Also important is the fact that a higher percentage of these teens work compared to other teens. Consequently they spend more time in adult settings and are exposed to adult role models who smoke.

All key informants agreed that tobacco reduction efforts that remain only in the schools or that take the form of traditional education lessons would not be effective for adolescents. At this age, teens are mostly influenced by other young people, and more specifically, by teens that are most like themselves. Advice from adults is not heeded. Other sources of information are television and radio. Suggested avenues for the anti-smoking message are videos, music (especially rap), theater troops, and youth-led discussion groups.

Furthermore, when youth tobacco messages are confined to the schools, the project loses the opportunity to affect broader community change from these efforts. As long as the public believes that it is the schools' responsibility to prevent tobacco use, communities can feel that the problem is taken care of. The project has lost an opportunity to change community attitudes.

According to focus groups sponsored by the California Department of Health, attitudes of children and teenagers toward anti-tobacco media messages were age-related, not culturally-related, and were consistent across ethnic groups. The report states, "...teens and pre-teens have their own culture which competes with their ethnic cultures."

Both the Steering Committee and key informants suggested using teen focus groups to evaluate the message and interventions. Also noted was the possibility of forming a "youth coalition" to advise the ASSIST Project.

All three of the intensive intervention regions have chosen youth as a priority population.

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

Key informants/resources:

1. Bruce Haas, Executive Director, Michigan Network of Runaway and Youth Services
2. John Tucker, Executive Director, Youth Development Corporation
3. Karen Kassner Krapohl, Training Coordinator, Michigan Association of Children's Alliances
4. Ada Bird, President, Michigan School Nurses Association
5. Annette Abrams, Associate Director, Children and Family Service Institute, Michigan State University
6. Jackie Washington, Pontiac Area Urban League
7. Corcoran, R.D. and John P. Allgrante. "Vocational Education Students: A Difficult-to-Reach Population at Risk for Smoking-Related Cancer," *Journal of School Health*, 59(5): 195-198, May 1989.
8. U.S. Department of Health and Human Services. "Office on Smoking and Health Communications Plans: Reaching African Americans with Anti-Tobacco Messages (Draft)", February 1991.
9. U.S. Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*. (Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. DHHS Publication No. (CDC) 89-8411, Prepublication version, January 1989.)

Ethnic and Racial Minorities

The Michigan Department of Public Health has a responsibility to ensure that all groups in the state have access to information and services that will enhance their health status. The ASSIST Steering Committee agreed that interventions should be targeted toward the major ethnic and racial minorities in Michigan--African Americans, Native Americans, Arab Americans, Latinos, and Asian Americans. The committee noted that current smoking cessation interventions have not been as successful as hoped in reaching these groups and that "radical new work" was needed in this area. They hoped that ASSIST would be a vehicle for identifying and implementing strategies that would successfully reduce smoking prevalence in these populations.

The Department's Office of Minority Health will help the ASSIST Project reach Michigan's racial and ethnic groups. In addition, the American Lung Association of Michigan recently received funding for a Multi-Cultural Affairs Project from the Department. Coordination with that project will enhance the effectiveness of both efforts.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

The Genesee County ASSIST Project has identified minorities as a priority population for many of the reasons that follow. African Americans and Native Americans are two of the county's primary racial minority groups.

The Upper Peninsula ASSIST coalitions have identified Native Americans as a priority group for those counties where Native American make up a significant proportion of the population, including Chippewa County (18 percent of the county population), Mackinac County (16 percent), and Baraga County (12 percent). Marquette County also has a sizeable number of Native American residents, although they amount to only 4 percent of the county's population.

Because the population of the city of Detroit is primarily African American, the general tobacco reduction messages for this community will be targeted toward African Americans. In addition, the Detroit Project ASSIST Coalition has identified African American men as a group of particular concern. Although small in number, other racial and ethnic minorities are an important part of the Detroit community. The Coalition therefore would like to target some interventions toward Latino, Arab American, Asian, and Native American residents of the city. Given limited resources, it was determined that these interventions should be developed at the state level and promoted by the Coalition in Detroit.

African Americans. Focusing on African Americans in Michigan would be warranted by sheer numbers. This group makes up about 14 percent of the Michigan population and is a strong political and economic constituency in the state. Beyond numbers, however, African Americans are known to have higher incidence and mortality from most tobacco-related diseases than the general population. An investment in reducing smoking in this population would have a significant impact on future chronic disease rates and mortality.

Although the 1990 BRFS did not detect a significant difference in smoking prevalence between African Americans and Whites, national data and previous Michigan surveys have noted that the smoking prevalence for African Americans is higher than for Whites. Based upon 1990 BRFS and Census data, there are approximately 257,000 adult African American smokers in Michigan. African Americans in Michigan also have a quit ratio that is significantly lower than Whites. Smokeless tobacco use is apparently not a problem among African Americans in Michigan.

The bulk of Michigan's African Americans (65 percent) live in the ASSIST intensive intervention regions of Detroit and Genesee County. Therefore, the Steering Committee determined that the major locus of interventions for African Americans should be those community ASSIST projects. Some interventions will also be included in the statewide project, however.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Key informants and resources indicate that the values of family, church, and community are motivating factors for African Americans and might offer the best appeal for anti-tobacco messages. Supporting this is the report of a Philadelphia focus group on tobacco issues involving African Americans. This report indicated that health risks were not viewed as a primary motivator for quitting smoking because the participants shared a belief in the inability to influence their own health. Factors such as social disapproval and cost were more important. Other focus groups of African Americans identified being a role model for one's children and religious teachings as compelling reasons to quit smoking.

Television is the most popular mass media among African Americans, with health information gleaned from talk shows, news programs, and commercials. Radio is also a way to target information to African Americans through stations and programming aimed specifically at this audience. The advantage of radio is that it often serves as a "community voice," as well as a source of information.

While African American newspapers reach fewer persons than the broadcast media (or mainstream newspapers), they have the benefit of credibility among readers and the ability to make the message relevant to readers. In Michigan, there are at least two major African American newspapers: *The Michigan Chronicle*, published in Detroit but with statewide distribution, and *The African American Gazette*, from Grand Rapids. These newspapers do not seem dependent upon tobacco advertising for financial support.

The use of billboards and bus signs is a strategy that works well for the tobacco industry in African American communities and therefore should be considered by tobacco control advocates. As noted earlier, central city neighborhoods, often populated by African Americans, are inundated with billboards and other signs. Detroit and Flint both have city-wide bus service, with advertising posters in the buses.

Unfortunately, there are many factors that work against successful tobacco reduction efforts in the African American community. Many community organizations and community leaders depend upon the flow of tobacco industry dollars to keep their efforts alive. Some recognize the problem inherent in accepting these funds, but feel they have no alternative. When African American publications accept tobacco advertising as an important revenue source, the potential for those publications to fail to print factual information on the dangers of tobacco use is high. As is true for many politicians, African American legislators are often recipients of tobacco industry dollars for their re-election campaigns. All such displays of largesse by the tobacco industry are designed to establish its credibility among African Americans and to silence opposing voices.

With the influence of the tobacco industry so strong in these communities, it is not surprising that the anti-smoking message has had a difficult time reaching African Americans. In addition, cessation and prevention programs and materials with culturally

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

appropriate messages have not been readily accessible to this population. The ASSIST Project may be able to aid in the dissemination of these materials in Michigan.

Social and economic problems that present themselves with greater urgency in African American communities also muffle tobacco reduction messages. Drugs, violence, unemployment, and poverty are often the concerns of daily life that leave community leaders and members little time or energy to confront the more long-term (though more deadly) threat of tobacco use.

Key informants have noted that, even with the focus on drug awareness and prevention in African American communities, tobacco is seldom considered. Some have suggested that trying to integrate tobacco into a broader drug awareness program is counter-productive since the tobacco message will be drowned out.

One example of successful blending of tobacco into the broader addiction picture is the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT). Detroit-based CABAAT has built a national reputation for strong opposition to the blanketing of communities with these billboards and for its education program on misleading advertising. CABAAT is a strong voice against tobacco in Detroit. The group is a member of the Detroit Project ASSIST Coalition, and it has worked jointly with TFMAC on related projects.

Key informants/resources:

1. Cheryl Anderson-Small, Director, Office of Minority Health, Michigan Department of Public Health
2. Jackie Washington, Pontiac Area Urban League
3. Gilbert Williams, Researcher, Healthy U, Michigan State University
4. Junius Griffin, Professor of Humanities, Michigan State University
5. Marvel Lang, Director, Center for Urban Affairs, Michigan State University
6. U.S. Department of Health and Human Services. "Office on Smoking and Health Communications Plans: Reaching African Americans with Anti-Tobacco Messages" (Draft), February 1991.
7. Robinson, R.G, Pertschuk, M., and C. Sutton. "Smoking and African Americans," from Improving the Health of the Poor: Strategies for Prevention. Edited by Sarah E. Samuels and Mark D. Smith, May 1992.

Native Americans. High rates of chronic disease in the Native American population make it a prime target for smoking cessation efforts, although this group is small in numbers in Michigan.

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

Using the national prevalence figure for Native Americans from Part I, there are an estimated 12,000 adult Native Americans in Michigan who smoke. Key informants feel that smoking is high among Michigan's Native Americans and national surveys verify that smoking rates are higher among this group than other population groups.

Interviews with key informants show that health care professionals have a high awareness of and a commitment to tobacco prevention and cessation efforts among Native Americans. Conveying this message to the Native American community is a challenge due to other pressing problems they face. The poverty rate among Native Americans in Michigan is 49 percent, with an unemployment rate of 54 percent. The accompanying economic and social pressures generally take precedence over preventive health behaviors. Lack of medical care coverage and transportation hinders utilization of health care and other services.

An additional barrier in the Native American community is the high rate of alcohol abuse. Surveys show that alcohol abuse and tobacco use are highly correlated. Interestingly, 50 percent of Michigan's Native Americans are 20 years of age or younger. Native American children are more likely to drop out of school than children from other groups, so school-based tobacco education may be less effective with them.

Organically grown tobacco is an important part of traditional Native American ceremonies. Health care workers attempt to emphasize the distinction between ceremonial use of tobacco and regular use of commercial tobacco. Their message is that tobacco use outside of these rituals is considered tobacco abuse.

Key informants noted that successful tobacco reduction interventions in the Native American community should stress traditional Indian values and use established networks. Efforts perceived as "preaching" or too directive from outside of the community would be offensive. Structured activities should be interactive and egalitarian, not authoritative.

The Michigan Commission on Indian Affairs, funded by the state, produces *Michigan Indian Quarterly*, a newsletter that the ASSIST Project might use to get tobacco reduction messages to Native Americans statewide.

Many Native American service groups are skeptical of programs "offered" to their communities by the government or other outside groups. One key informant noted that the problems of Native Americans have been repeatedly surveyed and measured but solutions are seldom forthcoming. Alternatively, when programs are developed for Native American communities, it is sometimes with little or no input from Native Americans themselves. Community organizations resent this paternalism. If ASSIST is to be a meaningful intervention with Native Americans, it is clear that representatives of this group must be a part of the process from beginning to end.

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

Key informants/resources:

1. Diana Marble, R.N., Director of Health Promotion, Saginaw Chippewa Indian Tribe Community Health Center
2. Phil Alexis, Chairman, Confederated Historic Tribes of Michigan
3. Lucy Harrison, Administrator, Detroit American Indian Association
4. Char Hewitt, Health Service Director, Intertribal Council of Michigan
5. Edith V. Young, Academic Counselor, Detroit Indian Educational and Cultural Center
6. Myrtle McCall, North American Indian Association of Detroit
7. Betty L. Kienitz, Executive Director, Michigan Commission on Indian Affairs

Arab Americans. The metropolitan Detroit area has the largest concentration of Arabs of any state in the nation. Very little information has been collected about the health status or behaviors of this group. Furthermore, a lack of solid population data makes it difficult to estimate the number of Arab American smokers in Michigan, although the previously-mentioned study estimates a smoking prevalence of nearly 39 percent. Some key informants suggest a much higher rate.

The Arab American community is well structured for health promotion interventions. Most Arab Americans are geographically centralized in the tri-county area in and around Detroit. There is strong cultural identification among its members and readily identifiable service and social organizations. Furthermore, Arabs of different nationalities share a common language.

According to key informants, tobacco holds no cultural significance for Arabs, so tobacco reduction messages are acceptable. Also, the cultures of the various Arab nationalities are similar enough that a message could be designed that would be appropriate for all groups.

One key informant notes that the Arab culture is a "shame" culture, meaning that impetus for behavior comes from external factors and the society requires conformity. (By contrast, the U.S. has a "guilt" culture, with behavior driven internally.) The Arab culture is also very authoritarian. Because of the continuing influx of new immigrants into the Detroit area, these traditional cultural values are continually reinforced among Arabs settled here. Strong family values are an important part of the belief system.

According to another key informant, one obstacle for changing smoking behavior among Arab Americans is the high degree of socializing in this community. Arab Americans congregate socially several times a day and smoking is widespread during these times. It is difficult for an individual to quit smoking when his or her reference group continues to smoke at social gatherings. On the other hand, these gatherings may be seen as an opportunity to share information on the hazards of smoking.

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

There is a high illiteracy rate in the Arab American community, so tobacco reduction messages must come in forms other than written material. The focus for these messages should include the health aspects of smoking but should emphasize data or problems specific to the Arab population so that the message will be more relevant.

Interestingly, Detroit's Arab population has a median age (23.2) which is significantly lower than the median age of the general Michigan population (32.6). This will be an important factor in planning interventions for the Arab American community.

Health professionals serving this community are very interested in increasing tobacco reduction interventions and are actively seeking funding for such programs. They stress that outreach should be an important part of these efforts, to better reach those who are not regular users of community services.

They recommend the media as an important route through which to reach Arab Americans. There are two Arab newspapers in the tri-county area, *Chaldean Detroit Times* and *Arabic News*. While tobacco and health messages may be found in the mainstream Detroit newspapers, they will be better accepted if they come through the Arab media. Also, many Arab Americans are regular viewers of the Arab cable channel in the area, although not all Arab homes have access to cable or can afford it.

Key informants/resources:

1. Ali Kaddoura, M.D., former Medical Director, Arab Community Center for Economic and Social Services
2. Radwan Khoury, Assistant Director, Arab American and Chaldean Council
3. Anahid Kulwicki, Oakland University School of Nursing and Arab Community Center for Economic and Social Services
4. Rice, V.H., Kulwicki, A. "Cigarette Use Among Arab Americans in the Detroit Metropolitan Area," *Public Health Report: The Journal of the U.S. Public Health Service*; In Press.

Latinos. Aggregated BRFSS data suggest that there are an estimated 31,000 adult smokers of Hispanic origin in Michigan. According to key informants, acculturation is a factor in smoking prevalence among Latinos as well as the approach that is needed to encourage smoking cessation. In general, Latino women may take up smoking after they have been in this country for a period of time, while Latino men may quit smoking.

Cessation materials for recent arrivals would need to be in Spanish, and geared toward men since few women who are new immigrants will be smokers. For those who have been acculturated, materials for both men and women can be in English. The older Latino population should have materials in both English and Spanish, with lots of pictures and other visual aids. As with other ethnic and racial groups, the nonsmoking message

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

will be better accepted if posters, ads, and other materials include pictures of Latinos. Television or radio ads in Spanish will be attention-getters because there are so few on the air. The approach in materials should vary by nationality to be most effective.

For Latinos, the values of family and community are important and would be a good appeal for anti-smoking messages. For men, smoking is part of the Latino macho culture. According to key informants, an authoritarian message will not be well-accepted because Latinos have been told what to do by the dominant culture so much in the past. Rather, the appeal should be to reason and to family or health concerns.

As was mentioned by key informants for other ethnic and racial groups, Latinos are often not included in the planning or decision-making for programs affecting their community. Consequently the programs are not effective or well-accepted.

There is a strong network of Latino service organizations in the state, including health centers, youth organizations, and senior services. When Latinos use other services geared toward the general public, the language barrier is often a problem. Additional barriers are lack of finances and cultural insensitivity toward Latinos.

El Central is the Hispanic newspaper in the Detroit area. Papers from other areas (e.g., Toledo, Ohio) are also available. Many radio stations in the state, particularly public radio, have Spanish-language programming. Channel 54 is a Spanish cable TV channel in Detroit.

Michigan's Latino population increases during the summer months when migrant workers move north for seasonal agricultural work. One key informant discouraged tobacco reduction messages in the migrant camp setting because the intensity of the farm work would make the men unaccepting of such interventions and the women generally do not smoke. Other key informants disagreed and encouraged outreach to migrant workers.

Key informants/resources:

1. June Grube Robinson, Technical Assistance Director, Midwest Migrant Health Information Office
2. Gus Breymann, Job Training and Development, Michigan Department of Labor
3. Tomasa Velasquez, Clinic Director, Cristo Rey Community Center, Lansing
4. Alberto Flores, Assistant to the Director, Michigan Commission on Spanish Speaking Affairs
5. Ricardo Guzman, CHASS Health Center, Detroit
6. Toni Villaruel, Hispanic Nurses Association
7. Osvaldo Rivera, Latino Family Services, Detroit
8. Raul Alvarez, Project Coordinator, Capital Area Literacy Coalition

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

9. Perez-Stable, E.J., et al. "Evaluation of 'Guia para Dejar de Fumar,' a Self-Help Guide in Spanish to Quit Smoking," *Public Health Reports*; 106(5): 564-570, September-October, 1991.

Asian Americans. The Asian American population will present the biggest challenge for tobacco reduction among Michigan's racial and ethnic groups. The primary reason is that Michigan's Asian population is made up of persons of many nationalities, all of whom differ in important ways. Asians may be from 43 different countries and speak over 100 languages and dialects. Social and economic factors and health status vary widely among these groups. The overall Asian population of Michigan is slightly greater than 1 percent of the total population, but a breakdown of Michigan Census data by nationality shows a range from 24,000 Asian Indians to fewer than 1,000 Cambodians. The total number of Pacific Islanders living in Michigan is less than 1,500.

While some estimates of smoking prevalence for Asian Americans as a whole are available, these aggregated data mask the wide variation in smoking practices for Asians of different nationalities. This variation is supported by anecdotal reports by key informants. However, both the literature and key informants note that smoking practices among Asian Americans change with degree of acculturation.

Recent male immigrants from all Asian countries generally smoke more than men in the overall population while Asian women smoke less than women in the overall population. For Asian men, this reflects high smoking rates in their countries of origin, rates which have increased in recent years due to heavy marketing of American tobacco products in those countries. For Asian women, however, cultural norms against smoking have kept rates low for women who have recently immigrated. According to key informants, there is low recognition of the health risks of smoking among newly immigrated Asians. In particular, cancer is viewed as something that "happens to Americans." As Asians become acculturated in this country, smoking rates for Asian men decrease while smoking among Asian women increases.

Barriers to working with this population include stereotypes which portray Asian Americans as wealthy, well-educated high-achievers, with few health problems. These stereotypes once again mask vast differences between Asian subgroups. Japanese, Chinese, and Filipino Americans are more likely than other Asian Americans to be well-educated and financially secure. Therefore they are more likely to have benefited from tobacco reduction efforts that have reached Americans in this socio-economic class. However, other Asian subgroups share economic and social problems that are common for many Americans. These groups face the same barriers to reducing tobacco use that exist for less educated individuals with low income. According to the MDPH Office of Minority Health, the Hmong population has been identified as the Asian group at greatest health risk in the state.

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

Language differences are also a major factor to be considered in working with the Asian American population. As noted above, there are more than 100 Asian languages and dialects. According to the Asian American Health Forum, the proportion of Asian Americans (other than Hawaiians) who speak a language other than English at home ranges from 40-82 percent, depending on nationality. This language barrier will make it difficult for Asian Americans to benefit from nonsmoking messages geared toward the general population. Given this information and the small number of Michigan residents who are of certain Asian nationalities, developing and/or disseminating tobacco reduction materials that will adequately reach subgroups may be difficult.

Furthermore, services to the Asian American population in Michigan seem to be more fragmented than for other racial or ethnic groups. A directory of Asian American-Pacific Islander organizations in Michigan was produced through the Hmong Project of the Asian Americans Citizens for Justice. However, the hundreds of organizations listed in the directory reflect the diversity of nationalities discussed above, which made information gathering difficult. For planning and implementing ASSIST activities, there seem to be no larger coordinating organizations or networks that will provide input from and access to a large number of Asian Americans. Michigan law establishes a Commission on Asian and Pacific Islander Affairs, but no state funding is provided for this commission.

In gathering information on characteristics and attitudes of Asian Americans, it is again important to remember the difficulty of making generalizations about such a diverse population. However, most key informants noted that Asian Americans take pride in presenting a good image to the outside world. Conformity is highly valued. There is a strong emphasis on good character and its relationship to health, happiness and prosperity. Generally, Asians want a better life for their children than they have themselves. It may be helpful to tie the nonsmoking message to the ability to make a better life for oneself and one's children.

Other key informants noted that education is highly valued for Asian Americans. In many communities, there are Asian schools that operate on weekends and in the evenings. These schools would tend to reinforce traditional values for Asian American children, such as the importance of parental authority and role modeling in shaping the direction of children's lives. Asians also tend to be a religious community, including Islam, Hindu, Buddhist, and Christian. These networks could be an important channel for the ASSIST message, because the influence of trusted religious leaders would be very strong.

Asian student organizations may be a good network for disseminating nonsmoking information. According to key informants, there is a large number of Asian students in Michigan's universities. Many of these students are under pressure from their families who have remained in the home countries to be successful in school. This encourages smoking as a means of relaxation for these students.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Key informants also note that Asians are avid readers. There are several Asian newspapers from other parts of the country available by mail. One Chinese newspaper is printed in Ann Arbor and distributed in Michigan, Ohio, and Ontario. To reach Asian American men in business, the ASSIST Project could consider placing information in trade publications. The electronic media, including cable television and radio, also is a good means of reaching Asian Americans in Michigan.

Asian food stores are a common point of contact within communities. It may be possible to work with proprietors on ASSIST interventions. Most Asian stores also rent videos in various languages. Videos have been produced in Cantonese and Filipino that include nonsmoking messages. This was noted as a way to reach Asian American women.

Key informants/resources:

1. Sunny Chiu, Office of Policy, Planning, and Evaluation, Michigan Department of Public Health
2. Yee Leng Hang, Asian American Representative, Minority Student Services, The University of Michigan
3. Paul Dean Webb, Foreign Student Office, Eastern Michigan University
4. Elizabeth Chung, Office of Minority Health, Ohio Department of Health
5. Yu, Elena S. H. "The Health Risks of Asian Americans" (Editorial), *American Journal of Public Health*; 81(11): 1391-1392, November, 1991.
6. *Asian American-Pacific Islander Organizations in Michigan*, Submitted by American Citizens for Justice, Inc., Tou-Yi Hang, Project Director of the Hmong Project.
7. Chin, Steven A. "Video ads urge Asians to stop smoking," *San Francisco Examiner*, May 17, 1991.
8. "Asian/Pacific Islanders: Dispelling the Myth of a Healthy Minority." Factsheets developed by the Asian American Health Forum, Inc., San Francisco, CA.
9. Han, Eugene. "Korean Health Survey in Southern California: A Preliminary Report on Health Status and Health Care Needs of Korean Immigrants." Paper presented at the Third Asian American Health Biennial Forum, "Asian/Pacific Islanders: Dispelling the Myth of a Healthy Minority," held at Hyatt Bethesda and the National Institute of Health, Bethesda, MD, November 15-17, 1990.
10. Klatsky, Arthur L, and Mary Anne Armstrong. "Cardiovascular Risk Factors Among Asian Americans Living in Northern California," *American Journal of Public Health*; 81(11): 1423-1428, November, 1991.
11. U.S. Department of Health and Human Services, Centers for Disease Control, Public Health Service. "Behavioral Risk Factor Survey of Chinese - California, 1989," *Morbidity and Mortality Weekly Report*; 41(16), April 24, 1992.

**Michigan ASSIST Project
Site Analysis
Priority Population Analysis**

Women

Although women have a lower smoking prevalence than men in this state, the BRFSS data show that women are quitting smoking at a significantly lower rate than men in Michigan. Additionally, the smoking rate for Michigan women is higher than the overall national average prevalence (including men). There are an estimated 945,670 adult female smokers in Michigan.

Disturbingly, national data on smoking among 12-18 year olds shows little difference between male and female smoking rates. These and other data suggest that the problem of smoking among women may intensify as these girls become adults.

ASSIST interventions for women are warranted in order to counteract tobacco industry marketing that targets women for initiating and maintaining smoking. To attract women, tobacco advertising stresses thinness, liberation, and fashion. Recent ads for a women's brand of cigarettes use the theme of stress relief, knowing that "the un-rush hour" sounds very appealing to women whose lives have become increasingly hectic as they meet the demands of job, home, and family.

Women are a priority population for tobacco reduction intervention because of the impact of smoking on infant mortality. Michigan has one of the highest rates of infant mortality in the country. The Michigan Department of Public Health estimates that about 10 percent of infant mortality is due to maternal smoking during pregnancy. Furthermore, children of mothers who smoke are more likely to model this habit and choose to smoke as they become adults. A reduction in smoking among women with children could help to decrease the smoking rate among the general population in the future.

Key informants note that many women who smoke are also low income or facing other social or economic pressures. Census data indicate that 36 percent of Michigan households headed by a female live in poverty, including 65 percent of such households with related children under 5 years old. Many women lack the financial resources, transportation, or child care to take advantage of organized services on a regular basis.

Key informants advised that most women know the health dangers of smoking, so messages that stress positive health for women, rather than negative effects of smoking, would be more appealing. Some women find health care through public health departments a stigmatizing experience and prefer private clinics. Health professionals who primarily serve women seem keenly aware of the need to advise them to stop smoking.

Media and friends are primary sources of information for the women who are a priority group for the ASSIST Project.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

All of the ASSIST intensive intervention regions included women among their priority populations. The Detroit Project ASSIST Coalition chose women as its number one priority group, particularly women of child-bearing age. The Upper Peninsula plans to focus ASSIST interventions on young women.

Key informants/resources:

1. Julie Hoinville, Clinic Manager, Planned Parenthood
2. Elaine O'Connor, Administrator, Womancare Clinic
3. Rosemary Sandefer, Health Committee Chair, Michigan Women's Commission
4. Janet Nichols, Academic Advising and Women's Programs, Kalamazoo Valley Community College

Blue Collar Workers

It is difficult to estimate both the number of blue collar workers in Michigan and a smoking prevalence for this group because of the vagueness of the definition of blue collar worker. For the purpose of this analysis, blue collar employment is considered to be jobs in the manufacturing and service sectors that do not require education beyond a high school diploma or training/vocational school and do not include management responsibilities. Types of jobs include production process workers, occupational operators, janitors, retail workers, clerical workers, and fast food workers. Estimates from Census data suggest that approximately 60 percent of Michigan workers are in blue collar jobs. However, it is important to remember that wage and benefit levels between these different types of jobs can vary greatly.

According to the ASSIST RFP, blue collar workers smoke more, quit less, and have a higher rate of relapse after they quit than white collar workers. Furthermore, blue collar workers start smoking at an earlier age than white collar workers and smoking initiation coincides with entry into the workforce. Participation in workplace smoking cessation programs has been low for this group.

Michigan is in the heart of the nation's "rust belt." Historically, it has been a highly industrialized state and the center of the automobile industry. Heavily dependent on a single, durable goods industry, Michigan has been particularly vulnerable to downturns in the national economy. The state was hard hit by the general crisis in manufacturing industries that began in the 1970's and by 1980, the bottom dropped out of the Michigan economy. During the 1980's Michigan's economy became more diversified. The number of manufacturing jobs has stagnated but the development of new lower-paying jobs in the service and trade sectors has been significant.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Along with Michigan's status as a major industrialized state comes strong unionization. Unions are a major political and economic force, and union loyalty among blue collar workers runs high. Bringing unions into ASSIST interventions will greatly facilitate reaching this population group.

Additionally, blue collar employees are an important priority population for smoking cessation due to occupational exposures that magnify the health risks of smoking for some workers. This can happen in several ways: cigarettes may become contaminated with toxins in the workplace, leading to ingestion, inhalation, or skin absorption of toxins by the worker; tobacco smoke has the ability to transform some workplace chemicals into more harmful agents; certain toxic agents in tobacco smoke may also occur in the workplace, thus increasing workers' exposure to those substances; some substances found in the workplace, such as asbestos, work synergistically with tobacco smoke to increase the risk of smoking-related disease; and smoking is known to increase workplace accidents, possibly due to inattention, eye irritation, coughing, or explosions.

According to a key informant in an auto manufacturing plant, it is difficult to motivate blue collar workers to take advantage of smoking cessation resources in the workplace. They are eager to try "quick fixes" like nicotine patches, but don't stick with the more difficult or time consuming programs. Motivation and education may have to come from other sources, with the workplace providing support and resources for quitting. More than one key contact noted that programs or events that utilize group support or participation, such as the ACS Great American Smokeout, seem to generate significant interest.

Census data show that the average commuting time to work for residents of Michigan is 21 minutes and 82 percent of employed persons drive to work alone. This suggests that drive-time radio messages may be a good way to reach blue collar workers (and others), as well as bumper stickers and billboards.

Genesee County is a major industrial area in Michigan and will target blue collar workers in the ASSIST Project. The Upper Peninsula ASSIST coalitions have chosen male blue collar workers as a priority population.

Key Informants/resources:

1. Steve Shepherd, Health and Safety Representative, UAW Local 6000
2. Laurie Esch, Benefits Representative, UAW Local 6000
3. Dr. Rex LaMore, Community Development, Michigan State University Department of Urban Affairs
4. Bill Blackburn, Bureau of Employee Benefits, Michigan Department of Civil Service
5. Rex Bargs, Health Coordinator, Buick-Oldsmobile-Cadillac UAW Local 618, 602, and 652